Report of a Designated Centre
Special Care Unit

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Crannog Nua</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>The Child and Family Agency</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27 and 28 August 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV 0004216</td>
</tr>
<tr>
<td>Fieldwork ID</td>
<td>MON-0027647</td>
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</tbody>
</table>
About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

In Crannog Nua Special Care Centre the young people are detained under a High Court order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Crannog Nua Special Care Centre caters for both male and female, aged between 11 and 17 years and the group living units are mixed gender.

Our aim is to provide a safe, caring and therapeutic environment where young people learn to reduce their risk taking behaviours to develop their wellbeing to enable and support the young person to return to a less secure placement as soon as possible, based on the needs of that young person.

Our objective is the provision of effective and safe services designed to address the underlying emotional disturbance; to reduce unsafe and risky behaviours by the young person and to help with successful reintegration into less secure settings in the community. This requires the design of an individual programme, which promotes inclusion of the multi-disciplinary team while simultaneously creating a powerful therapeutic milieu within the programme.

The Campus is described as a secure Unit meaning it is locked and the young people are not allowed to leave without permission. The young people that we provide a service to have usually had a long history of challenging and risk taking behaviour before entry into the special care programme, the young person must be deemed inappropriate to an intervention in a less secure setting due to the seriousness of the risk presented by their presentation.

The following information outlines some additional data of this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>01 November 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children on the date of inspection:</td>
<td>5</td>
</tr>
</tbody>
</table>
How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service,
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre.
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of inspection</th>
<th>Inspector</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>27 August 2019</td>
<td>09:00hrs to 17:45hrs</td>
<td>Jane Mc Carroll</td>
<td>Inspector</td>
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<tr>
<td></td>
<td></td>
<td>Ruadhan Hogan</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Inspector</td>
</tr>
<tr>
<td>28 August 2019</td>
<td>08.15hrs to 15.15hrs</td>
<td>Jane Mc Carroll</td>
<td>Inspector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ruadhan Hogan</td>
<td>Inspector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bronagh Gibson</td>
<td>Regional Manager</td>
</tr>
</tbody>
</table>
Views of children who use the service

Children who met with inspectors said that they felt safe in the special care unit. One child said that they never felt alone and that this was a good experience for them. Children said that the staff were nice. Some told inspectors that they ‘got on’ with certain staff better than others, because they felt these staff members understood them better. Children said that staff members were always available to talk to them if they needed help. One child said that the atmosphere in the special care unit helped them to feel relaxed and ‘not to worry’.

Children talked positively about their admission to the special care unit. They said that they were made to feel welcome by the staff team. A social worker who met with inspectors described the admission process as ‘calm’ due to good child-centred planning by the person in charge and the staff team. Children told inspectors that they were supported to select certain items for their bedrooms when they arrived in the special care unit. Inspectors observed staff giving children advice on how they could personalise their bedroom.

Children said that they enjoyed a range of activities on offer to them in the special care unit. They said that they liked playing board games, cooking, going to school and using the gym. Children valued opportunities to participate in activities and they told inspectors that, ‘if you take them (activities), you’ll have a good day.’

One child said that they would like to do more cooking in the unit and they were unsure why this could not happen. Another child said that there was not enough opportunity to play sports with other children on campus, and said that they would like this to happen.

During this inspection, children were busy engaging in activities in the community. They described having choice in the activities they took part in with staff. For example, one child said that they chose to go to the cinema. Another child said that their keyworker was supporting them to pursue their talent for singing, and they were planning to go to a music studio in the coming days. Inspectors observed a child making arrangements with staff to go out on an adventure sports activity. Children said that they also liked being offered activities which they had not tried before such as ‘foot golf’.

Some children said that they liked the rules and routines in the special care unit. However, they also said that certain care practices and or rules in the unit were ‘stupid’. When asked for an example, they explained that they thought it was strange that televisions were encased behind a plastic screen. They also said that they did not like asking for permission to go to the toilet. They said that staff had to lock each child’s bedroom and lock a communal bathroom when more than one child was on the unit.
Not all children were happy that their placements could be extended in the special care unit. They told inspectors that the duration of their placements should be short and in line with their understanding of special care placements. Some children did not want their placement to be extended as they felt that they did not need to remain there. One child said that ‘it’s not normal here because you’re locked in behind fences and locked in your room. You get used to it and you shouldn’t be getting used to it.’

**Capacity and capability**

The special care unit was previously inspected in May 2018 as part of the process of registration as a designated centre, in line with the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017. This current inspection, in August 2019, was carried out to monitor ongoing regulatory compliance with 12 regulations; 10 of which were judged as non-compliant during the previous inspection, and some of which called into question the safe operation of the special care unit.

Governance arrangements at a local level in special care unit were good but improvements were needed by the provider. The Child and Family Agency (Tusla), as the provider, did not have effective governance and management systems in place to ensure compliance with the regulations, and the registered provider was in breach of regulation 24. The registered provider did not have adequate arrangements in place to ensure sufficient oversight and reporting on the quality and safety of the special care provided. The registered provider did not ensure that the special care unit had operational policies and procedures in place in line with the regulations, and there was a short period of several days were there was no person participating in management available, with the exception of the person in charge.

The registered provider or its representative is required to carry out unannounced visits to the special care unit at least every six months, since the commencement of the regulations in January 2018. Such a visit should be reflected in a written report alongside an action plan to respond to any issues identified. Despite the fact that the special care unit should have had three six-monthly unannounced visits and three reports to date, this was not the case. At the time of inspection, one report was completed in August 2019 following visits in February and March 2019. Furthermore, an annual review to assess the quality and safety of the special care provided was not completed.

Following the registration inspection in 2018, the registered provider committed to providing a suite of policies and procedures by the end of 2018, but this had not happened.
While inspectors found that local care practice was advancing in the special care unit, policy development was non-existent. As a result, day-to-day practice could not be assessed by managers as being in line with current policy and procedure. In turn, the provider could not be assured of the quality of practice in this context. The registered provider representative assured inspectors that a suite of policies would be in place in the special care unit by the end of 2019. In the interim, the person in charge ensured staff training was provided to keep the staff team up to date on current legislative and policy changes related to areas such as, data protection and child protection. She also ensured that developments in care practices were supported and approved through risk assessments.

The registered provider was in breach of regulation 8 of the Registration of Designated Centres (Special Care Units) Regulations 2017, due to the late payment of fees. This has since been rectified.

The special care unit was registered to provide a placement for up to 12 children. At the time of inspection, the special care unit could accommodate a maximum of five. Inspectors were told that this was due to low staffing levels. One of the three residential units on campus was closed and there was no indicated time frame within which the special care unit would operate at its intended capacity. There was a total of 47 social care workers working in the special care unit, and the person in charge said that 96 social care workers were required in order to operate at full capacity. Staff and managers told inspectors that the recruitment and retention of social care workers was an ongoing challenge for the special care unit. While inspectors were told that there was enough staff in place to operate the unit, managing and planning workforce requirements needed improvement. Staffing records showed that just prior to inspection, the unit was reliant on staff availability to work overtime or to accrue time off in lieu, in order to ensure adequate staffing levels were in place to admit a child.

There was a defined management structure for the special care unit and lines of accountability and authority were established. In the months prior to this inspection, there had been a turnover of staff, some of which had been filled at the time of inspection. They included two new social care managers and three new deputy unit managers. These managers had just completed induction, their delegated duties had been assigned and the person in charge was in the process of developing internal audit and monitoring systems with these managers.

The management structure for the special care unit appeared to be excessive. At the time of the inspection, the person in charge was supported in her role by two social care managers, four deputy managers and seven social care leaders, who provided supervision to social care staff. This meant that there were seven managers along with seven social care leaders to manage two residential units which catered for a maximum of five children collectively. The number of managers was set to increase as more
residential units on campus opened for admissions.

The person in charge was full-time and was suitably qualified and experienced to manage the special care unit. She was familiar with the children placed in the unit and their needs. The person in charge had good systems in place for oversight and monitoring of children's programmes of care. They included strong communication systems and multi-disciplinary forums, where the care of children was discussed and reviewed. The person in charge reported to the director of the special care unit who was based on campus.

The person in charge ensured that each child’s programme of care was contained in their respective care record. New individualised folders with copies of the most up-to-date programme of care documents were in place for each child. This meant that information for staff on daily plans for children were more accessible. Improvements were found in the level and quality of multidisciplinary care practices. The person in charge ensured that good communication systems were in place which improved staff collaboration with the therapeutic services team onsite. This meant that children received good integrated care. The person in charge and the director of the special care unit were in the process of reviewing the implementation of their model of care, to ensure it supported the delivery of the programme of special care and assisted children to achieve positive outcomes.

Staff records were held at a central location by the registered provider. There was a system in place to ensure that the person in charge and the director had access to personnel records required by the regulations. The person in charge held a register to ensure that An Garda Síochána (police) vetting was up to date and in place for all staff. When provided, staff supervision was good and well recorded, but there was a need to ensure it happened within the required frequency.

**Regulation 5: Statement of purpose**

There was an adequate statement of purpose in place which contained all information set out in the associated schedule. The person in charge was in the process of updating the statement of purpose to ensure it reflected current practice related to the two residential units in operation.

Judgement: Compliant

**Regulation 6: Care practices, operational policies and procedures**

The registered provider did not ensure that policies and procedures were provided to the special care unit in line with schedule 2 of the regulations. The registered provider
did not complete the actions which they committed to achieve in their 2018 compliance plan.

**Judgment:** Not compliant

**Regulation 14: Staff members and others working in the Special Care Unit**

At the time of the inspection, there was a sufficient number of staff in the special care unit to cater for the needs of the children who were detained there, but this was dependent on the use of agency staff. Staff records were held by the provider in a central location and the person in charge had a good system in place to ensure that records were in place for all staff in line with the associated schedules. The system in place to ensure that there were appropriate numbers of staff members present for admissions to the special care unit was not strong enough. For one admission, poor workforce planning within the special care unit meant that the service was reliant on staff availability to work overtime and accrue time off in lieu in order to ensure adequate staffing levels were in place to carry out the admission process.

**Judgment:** Substantially compliant

**Regulation 16: Staff supervision and support**

The frequency of staff supervision was mostly in line with policy. Supervision records showed that a comprehensive range of themes and topics were discussed including professional development, service development, quality improvements and individual children’s care interventions. When it occurred, supervision provided a good level of accountability for staff practice.

**Judgment:** Substantially compliant

**Regulation 24: Governance and management**

Local arrangements for the governance and management of the special care unit were mostly effective. The person in charge had identified that there was a need to improve internal monitoring systems. The person in charge was addressing this and developing management systems to ensure that the service was effectively monitored. There were significant deficits in relation to the governance of the unit by the registered provider. Actions set out by the registered provider in their compliance plan submitted to HIQA in 2018 were not completed. The registered provider did not ensure that adequate
systems were in place to monitor the operation of the service and to review the quality and safety of the special care provided.

Judgment: Not compliant

**Quality and safety**

Children were placed in the special care unit by order of the High Court order for a 12 week special care programme. This was an individualised programme of support and skilled therapeutic intervention to enable each child to stabilise and then move to a less secure placement based on their assessed needs.

The documented programmes of care for the children were comprehensive and inspectors found that these were being implemented consistently. Since the previous inspection, the person in charge had reviewed the documentation associated with the programme of care and ensured that the most comprehensive and up-to-date information on the children’s progress was available and easily accessible.

Recommendations were made by the multidisciplinary team, to guide interventions by staff to stabilise the children they cared for. There was an improved level of collaboration between the staff team and the therapeutic services team. Staff told inspectors that they were supported to respond therapeutically to the behaviours children displayed, and to ensure that these behaviours were being managed in the most appropriate way, and in line with other therapeutic interventions for children. Various professionals including the staff team, the on-site therapeutic services team and school teachers, contributed to the delivery of each child's programme of care, and inspectors found that children received good integrated care as a result. The programme was usually of 12 week duration but, because the needs of children differed, this was extended for some.

Child in care reviews and professionals’ meetings took place fortnightly, on alternative weeks, to consider the impact of the programme of care on the child and map the progress they were making. Parents and children were invited and encouraged to attend these meetings. The voice of the child was clearly represented at meetings either by the child in person, or by the child’s keyworker and or guardian ad litem.

Inspectors found that placement plans were comprehensive, up to date and of good quality. Placement progress reports reflected multidisciplinary oversight and provided evidence that the actions agreed at previous multidisciplinary meetings were being implemented. Placement plans and progress reports incorporated a framework to measure positive outcomes and wellbeing for children. This was aligned to the special care unit’s model of care which was implemented prior to the previous HIQA inspection.
The centre was located on a secure campus and comprised three residential units, a gymnasium and two administration buildings. At the time of the inspection, one residential unit was not in use. Inspectors saw a large, colourful, outdoor wall mural entitled ‘hope’ which had been painted by the children, as part of their summer programme.

Two residential units were in operation at the time of the inspection. Both units operated within a framework of continuum of support and need which meant that children could move from one unit to the next as they progressed through their special care programme. One unit was spacious, bright and well ventilated. Acoustic sound boards had been installed since the last inspection to reduce noise levels. Two other units, one of which was vacant, did not have the same level of light and space. However, improvements had been made since the last inspection to reduce noise levels and create a homely atmosphere. Inspectors observed bedrooms and communal areas with rugs, cushions, colourful paintings and comfortable furniture which created a much better atmosphere for children to live in. Internal doors in the units which had previously prevented children’s movement through narrow corridors, were now unlocked, allowing free movement between the communal rooms and the bedrooms and bathrooms. This created a lighter and more child friendly atmosphere. The staff team was focused on service improvement in relation to the children’s environment and they shared their plans and ideas for further progression with inspectors. Children’s bedrooms had en-suite showers, toilets and wash hand basins and each had a television. Children’s rooms were personalised and decorated in ways that suited them.

Children had access to a range of facilities and services to meet their needs. There was a school on the premises which children were supported to attend. Independent living skills were promoted within the units and children were encouraged to take part in tasks which taught them how to care for themselves and their living environment. Children could occupy their time in the gym or out in the community on activities with staff, and could access music, movies and television that they liked in their bedrooms. There was clear progression in the reduction of restrictive practices which were found during the last inspection. The person in charge told inspectors that this needed careful consideration from a broad prospective of need, as some children responded well and requested the security that locked doors gave them, while others did not.

The director of the special care unit was the designated liaison person responsible for ensuring that reporting procedures to Tusla where followed in relation to child protection and welfare concerns. The director had a system in place to record, monitor and track the progress of child protection and welfare concerns which were reported to Tusla. Where there were delays in any investigations by an external social work team, the director took the necessary actions to ensure a timely response.
HIQA’s Chief Inspector of Social Services was notified of specific incidents in the special care unit, in line with regulatory requirements. In the months previous to this inspection, inspectors met with the director and the person in charge of the special care unit and raised concerns about the number of times children absconded from the special care unit, and the number of allegations of abuse made by children against unit staff.

In the first 12 months of commencement of the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, there were 12 incidents of allegations of abuse made by children against staff reported to the Chief Inspector, the majority of which related to injury during a physical intervention. The director of the special care unit provided assurances to HIQA in April 2019 that measures were being implemented to ensure a reduction in the number of these allegations. These measures included further support and training for staff to manage challenging behaviour, and procedures to ensure that clear thresholds and categories were applied to allegations against staff in order to avoid incorrect classification and over reporting. Inspectors found that improvements had been made through the reduction of the number of allegations of abuse made by children against staff. During the first six months of 2019, there were three such allegations, compared to nine during the last six months of 2018.

Inspectors found that the person in charge and the director of the special care unit put good safeguarding measures in place to protect children and staff while investigations were being carried out by external social workers. Internal processes for the review and management of allegations had been developed to ensure there were appropriate managerial systems in place to manage allegations against staff, and for oversight of the implementation of this process. However, practice was not supported by a national policy and a procedure and this was a significant deficit. The potential over reporting of allegations of abuse remained, and the person in charge and the director of the special care unit were monitoring practice in this regard.

The special care unit has a complex and challenging role to ensure that children are protected while they are in the service, and also that they are prepared to protect themselves when they leave. On that basis, children’s ability to keep themselves safe when off campus is tested continually. However, the level of risk of harm posed to children while absconding is potentially high due to the vulnerability and substantial risk taking behaviours of children, which led to their detainment in a secure environment in the first instance.

The director of the special care unit provided assurances to HIQA in April 2019 that actions were being taken to reduce the rate of absconds by children, through various measures including responsive risk management, and a review and analysis of patterns of absconding behaviour. While these measures have been implemented, the number
of notifications received by the Chief Inspector did not indicate a sustained pattern of reduction. During the last half of 2018, there were nine notifications of absconds in relation to four children. During the first half of 2019, there were 11 notifications of abscond and eight of these notifications related to one child. Inspectors found that incidents of absconding for children in the special care unit were not associated with exposure to significant risk. On some occasions children’s whereabouts were known or the duration of time of absconding was short. However, inspectors found that patterns of repeat absconding for particular children were not always responded to in a way which was effective.

There was a culture in the special care unit which encouraged staff to manage risk at an individual level with children. Inspectors found that staff were typically managing risks for children in a dynamic, responsive and child-centred way. However, the reporting and monitoring of operational risk for the service was weak. The unit risk register was not being utilised to reflect the live and fluid nature of risk. Risk descriptors were out of date and periods for review of risks were not recorded. Records did not describe or track the progress or outcome of escalated risk to the registered provider.

**Regulation 7: Programme of care**

There was a programme of care in place for each child detained in the special care unit. Since the last inspection, improvements were made to ensure a greater level of connectedness between therapeutic services and staff in the special care unit. This meant that children received good integrated care.

Judgment: Compliant

**Regulation 8: Healthcare**

Since the last inspection, improvements had been made to ensure that medicines were administered at the correct times, as prescribed. However, inspectors found that checks on controlled drugs were not carried out in line with policy. Inspectors also found that there was medication unaccounted for in one of the units and this had not been detected through the medication management system.

Judgment: Not compliant

**Regulation 9: Education, individual needs, religion, ethnicity, culture and language**

The registered provider ensured that children were supported to achieve their training
and educational potential in line with their preferences and abilities. Children had access to educational facilities and supports in the special care unit. Since the last inspection, there was an increase in forums available to children to participate in decisions about their care and about the services provided in the special care unit. Children were afforded choice in their daily life. Since the last inspection, restrictive practices and routine care practices were now reviewed regularly and positives changes had been made.

Judgment: Compliant

**Regulation 12: Protection**

Allegations were appropriately reported to the relevant social work department, and when there were delays in these reports being investigated, the person in charge escalated this to the director of the special care unit. However, the registered provider did not provide a centre-specific policy for the management of allegations against staff in the special care unit. Children were afforded opportunities to develop skills required for self-care in the community. However, patterns of repeat absconding were not always responded to in a way which was effective.

Judgment: Substantially compliant

**Regulation 17: Accommodation**

A number of changes had been made throughout the special care unit in order to create a homely and therapeutic environment for children and decoration and enhancement plans were ongoing at the time of this inspection. Locked doors which had previously impeded movement through narrow corridors, were now unlocked and this created a lighter and more child friendly atmosphere. Further enhancement was required in two units to ensure compliance.

Judgment: Substantially compliant

**Regulation 25: Risk management**

Risk management practices were integrated well into care practices. Staff were managing risks for individual children on a day-to-day basis to ensure the safe and effective implementation of each child’s programme of care. Inspectors found that individual risk assessments for children were mostly good. Improvements were
required in the targeted response to habitual incidents of absconds for children and service risk management systems were weak.

| Judgment: Not compliant |

**Regulation 27: Notification of incidents**

The person in charge had a system in place to ensure that incidents were notified to the Chief Inspector. Inspectors reviewed a sample of incidents and found that these had all been notified accordingly.

| Judgment: Compliant |
## Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 5: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: care practices, operational policies and procedures</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 14: Staff members and others working in the Special Care Unit</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Staff supervision and support</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Governance and management</td>
<td>Not compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 7: Programme of care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Health care</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 9: Education, individual needs, religion, ethnicity, culture and language</td>
<td>Compliant</td>
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<tr>
<td>Regulation 12: Protection</td>
<td>Substantially compliant</td>
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<td>Regulation 17: Accommodation</td>
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<tr>
<td>Regulation 27: Notification of incidents</td>
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Appendix 2 - Organogram
Compliance Plan for Crannog Nua Special Care Unit
OSV – 0004216

Inspection ID: MON-0027647

Date of inspection: 27 and 28 August 2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, as amended, Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017 and the National Standards for Special Care Units 2015.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 6: Care practices, operational policies and procedures</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 6: Care practices, operational policies and procedures:

Policies and Procedures are in the process of being updated by the registered provider and will be fully implemented within the service by the end of quarter one.

<table>
<thead>
<tr>
<th>Regulation 8: Health care</th>
<th>Judgment</th>
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Outline how you are going to come into compliance with Regulation 8: Health care:

Social Care Leaders will be responsible for the dispensing of medication in the center. This will be reviewed by the house manager on a daily basis. A weekly review of the medication will occur; this will happen at the weekly management meeting.

Following a medication error, a response meeting will be conducted which will include a senior manager. Learning for the event will be feedback to both staff and management meetings. If procedure is required to be changed it will happen following this process.

Action 31st October 2019
Regulation 12: Protection | Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Protection:

Allegations against staff will be discussed at the October meeting of the National Management Meeting for Residential Care. The purpose of this is to develop a national policy following this discussion. December 31st 2019

Following an incident of abscond a response meeting will occur to review the incident all learning will be included in the young person’s support plan. A period of stabilisation will be agreed at the response meeting (the young person will not be allowed off site during this period).

In any incidents of repeat absconding behaviour senior management will review the risk assessment and plan before approving the return to offsite activities.

Multi-disciplinary meeting will be held following repeat absconds.

Regulation 14: Staff members and others working in the special care unit | Substantially Compliant

Outline how you are going to come into compliance with Regulation 14: Staff members and others working in the special care unit:

The registered provider will continue with the rolling recruitment campaign to ensure an adequate supply of permanent staff.

The registered provider will identify agency staff who work regularly in the centre and give them the opportunity to become permanent staff members.

The PPIM and PIC will ensure that the expansion of the center will be managed to ensure that when increasing the number of young people admitted there will be a corresponding increase in staffing resources to support the young person in this transition.

Tusla have engaged the services of a recruitment agency to maximize the numbers of staff available for recruitment.

Regulation 16: Staff supervision and support | Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Staff supervision and support:

Deputy Social Care Managers (DSCM) will review the supervision activity weekly to ensure that the frequency is in line with Policy.

In incidents were staff are outside the appropriate frequency, they will be supervised by a DSCM. (if their regular supervisor is not
available).
The DSCM’s will audit the quality of supervision in order maintain the standard.
The DSCM’s will update the rest of the management team at the management meeting weekly on supervision and quality.

<table>
<thead>
<tr>
<th>Regulation 17: Accommodation</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 17: Accommodation:

The PIC and the environment committee have developed an action plan to enhance the two remaining residential units.
This plan has been submitted to PPIM for sign off.
The residents have and will continue to have an input into the environment committee.
An occupational therapist has been engaged to have input into colour selection and furniture recommendations.

<table>
<thead>
<tr>
<th>Regulation 24: Governance and management</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 24: Governance and management:

The registered provider has delegated authority to two members of the National Management Team to carry out unannounced inspections of the service at least every six months.
The registered provider will ensure that a written report is prepared by the two delegated members following the unannounced inspections based on their findings as required by regulations this will be made available to the Chief Inspector, Guardians and Parents upon request.

An Annual review of the Special Care Service will be completed by the registered providers delegate by the end of quarter one 2020. A copy of this review will be made available to the Chief Inspector upon request.

<table>
<thead>
<tr>
<th>Regulation 25: Risk management</th>
<th>Not Compliant</th>
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</thead>
</table>

Outline how you are going to come into compliance with Regulation 25: Risk management:

The PIC and the PPIM will review all risk assessment and risk management plans of young people who are engaged in absconding incidents.
The PIC will conduct a multi-disciplinary meeting following an escalation in a young person’s absconding behaviour the purpose of this is to review the young person’s plans and activities programs. This meeting will change if necessary the young person’s risk
management plan on the risk register.
The Registered provider has appointed a risk manager who will support the centre in managing its risk registers.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 6(2)</td>
<td>The registered provider shall ensure that the special care unit has care practices, operational policies and procedures in place in accordance with best practice and paragraph (1) having regard to the number of children detained in the special care unit and the nature of their needs, which practices, policies and procedures shall include, but shall not be limited to, the matters set out in Schedule 2 and the obligations of the person in charge under these Regulations.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; March 2020</td>
</tr>
<tr>
<td>Regulation 8(4)</td>
<td>The person in charge shall ensure that all medicinal products dispensed or supplied to a child detained in the special care unit are stored securely at the special care unit.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; October 2019</td>
</tr>
<tr>
<td>Regulation 24(1)(a)</td>
<td>The registered provider shall ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; December 2019</td>
</tr>
<tr>
<td>Regulation 24(1)(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate to the child’s needs, consistent and effectively monitored.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31st March 2020</td>
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<td>Regulation 24(1)(d)</td>
<td>The registered provider shall ensure that there is an annual review to assess the quality and safety of special care provided in the special care unit and to confirm that such special care is in accordance with national standards, the interim special care orders or the special care orders generally, and the child’s programme of special care.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31st October 2019</td>
</tr>
<tr>
<td>Regulation 24(1)(e)</td>
<td>The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available, on request, to the chief inspector.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31st December 2019</td>
</tr>
<tr>
<td>Regulation 24(3)(a)</td>
<td>The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31st March 2020</td>
</tr>
<tr>
<td>Regulation 24(3)(b)</td>
<td>The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall maintain a copy of the report prepared under subparagraph (a) and make it available on request to children placed in the special care unit, and their parents or guardians, and the chief inspector.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31st March 2020</td>
</tr>
<tr>
<td>Regulation 25(1)</td>
<td>The registered provider shall ensure that the special care unit has a risk management policy in place and that it is implemented throughout the special care unit.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31st December 2019</td>
</tr>
<tr>
<td>Regulation 25(2)</td>
<td>The registered provider shall ensure that the risk management policy includes the following: (a) the ongoing identification, assessment, management and review of risks throughout the special care unit, (b) the measures and actions in place to</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31st December 2019</td>
</tr>
</tbody>
</table>
control the risks identified, (c) the measures and actions in place to control the following risks to a child— (i) child abuse, (ii) situations where a child may be removed or absconds from the special care unit, (iii) accidental injury to a child, (iv) aggression and violence from or towards a child, and (v) self-harm, (d) arrangements for the identification, recording, investigation and learning from incidents involving children detained in the special care unit, (e) accidental injury to a staff member, an intern, a trainee or a person on a placement as part of a vocational training course in the special care unit, and (f) aggression and violence towards a staff member, an intern, a trainee or a person on a placement as part of a vocational training course in the special care unit.